



Corné Brink

*Clinical Psychologist
Kliniese Sielkundige*

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NS! Voltooi in Adobe Reader (nie in jou webblaaier nie) / NB! Complete using Adobe Reader (not in your browser)

Rekeninghouer (Hooflid) / Account Holder (Main Member)

Van: Surname:		Titel: Title:		File no. (office use)	
Volle name: Full names:		E-pos: E-mail:			
Sel. nr.: Cell no:		Tel. nr.: Tel no:			
Woonadres: Residential address:					
Mediese Fonds: Medical Aid:		Opsie / Plan: Option / Plan:			
Lidnr.: Member no.:		ID nr.: ID no.:			

Pasiëntbesonderhede / Patient Details

Van: Surname:		Volle name: Full names:			
Noemnaam: Called name:		Verwantskap met hooflid: Relationship to main member:			
ID nr.: ID no.		Sel nr.: Cell no.:			
Geboortedatum: Birthdate:		E-pos: E-mail:			
Huisdokter: Family doctor:		Tel. nr. (w): Tel no. (w):			
Verwysende dokter: Referring doctor:		indien van toepassing (bv. hospitaliserende psigiater) when applicable (e.g. hospitalising psychiatrist)			
Dorp / Area: Town / Area:		Tel. nr. (w): Tel no. (w):			

Naasbestaande / Next of Kin

(familie of vriende in 'n ander huishouding / family or friends in a different household)

Titel, voorletter & van: Title, initials & surname:				
Verwantskap: Relationship:		Sel nr.: Cell no.:		
Woonadres: Residential address:				

Verklaring & Onderneming

- Hiermee verklaar ek dat al die inligting op hierdie vorm, soos deur my verskaf, waar en korrek is.
- Ek wys hiermee die bostaande adres aan as my gekose *domicilium citandi et executandi* vir die doeleindes van betekening en lewering van enige en alle briewe, kennisgewings, rekeninge, Hofprosesstukke, ens.
- Ek onderneem om die praktyk onmiddellik skriftelik in kennis te stel van enige veranderinge in my pos- en woonadres of enige ander kontakbesonderhede.
- Ek aanvaar volle verantwoordelikheid vir die betaling van my volle rekening, selfs indien die mediese fonds dit nie sou vereffen nie, of dit slegs gedeeltelik sou vereffen.
- Ek onderneem om al my rekeninge streng binne 30 dae ten volle te vereffen.
- Ek stem daartoe in dat hierdie praktyk normale mediese-fonds-tariewe hef, en rente byvoeg teen die heersende prima koers van Absa bank indien rekeninge agterstallig is. Ek stem ook daartoe in dat enige kontant-afslag (tariewe laer as mediese fonds-tariewe) verval indien my rekening nie binne 30 dae vereffen is nie.
- Ek begryp dat die volle tarief vir enige sessie wat nie 24 uur vooraf gekanselleer word nie, tot my rekening gevoeg sal word.
- Ek begryp en stem in dat die praktyk se rekeninge (insluitend my rekening) professioneel en konfidensieel deur 'n administratiewe persoon of buite-instansie geadminestreer word.
- Hiermee stem ek toe dat, indien hierdie rekening agterstallig sou raak en oorhandig word vir invordering, ek alle rente, prokureurskoste op die skaal soos tussen prokureur en terapeut ooreengekom, en enige ander professionele fooie, kliëntkoste, invorderingsfooie/-kommissie van debiteure administrateurs en enige ander direk of indirek verbandhoudende werklike en noodsaaklike fooie of kostes sal betaal.

Declaration & Undertaking

- *Hereby I declare that all the information on this form, as provided by myself, is true and correct*
- *I hereby indicate the abovementioned address as my chosen *domicilium citandi et executandi* for the purpose of signing and delivery of any and all letters, notices, accounts, Court process pieces, etc.*
- *I undertake to inform the practice immediately in writing of any changes of my mailing or residential address or any other contact details.*
- *I accept full responsibility for the payment of my full account, even if the medical aid does not settle the account, or settle only a portion thereof.*
- *I undertake to settle all my accounts in full within 30 days.*
- *I agree that this practice charges normal medical aid tariffs, and adds interest at the current prime rate of Absa bank if accounts are in arrears. I also agree that any cash discount (tariffs below medical aid tariffs) expires if my account is not settled within 30 days.*
- *I understand that the full tariff for any session that is not cancelled 24 hours in advance will be added to my account.*
- *I understand and agree that this practice's accounts (including my account) are administered professionally and confidentially by an administrative person or an external company.*
- *Hereby I agree that, should my account get into arrears and be handed over for recovery, I will pay all interest, legal attorney costs at the scale as agreed between attorney and therapist, and any other professional fees, client costs recovery fees/commission of debit administrators and any other directly or indirectly related actual or necessary fees or costs.*

Geteken op hierdie dag van 202 te

Signed on this day of 202 at

Handtekening:
Signature:

e.g. Adobe se beveiligde digitale handtekening
e.g. Adobe's secure digital signature

**NS! E-pos jou voltooidde vorm as aanhangsel na Sielkundige@CorneBrink.co.za
NB! E-mail your completed form as attachment to Psychologist@CorneBrink.co.za**

Corné Brink
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